AUG 0 5 2005

PTO/SB/21 (09-04)

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TRANSMITTAL			Application Number		10/612,915				
			Filing Date		07/07/2003				
FOR	First Named Invento)r	Dunçan F. Campbell						
			Art Unit		3634				
(to be used for all correspond	ence after initial	i filino)	Examiner Name		Jennifer E.	Novosad			
Total Number of Pages in This		12	Attorney Docket Nu	mber	149-13				
		ENCLO	SURES (check all that	apply)					
Fee Transmittal Form] Drawing(s)		After Allowance Communication to TC				
Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply] Petition		ĺ	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
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Affidavits/declaration((s)		Attorney, Revocation of Correspondence Addre	998	Status Letter				
Extension of Time Reque	st] Terminal I	Disclaimer		Other Enclosure(s) (please identify below):				
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Signature		125							
Printed Name	Timothy J. Sinnott								
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	C	ERTIFICA	TE OF TRANSMISS	ON/MAI	LING				
I hereby certify that this com Sarvice with sufficient posts Alexandria, VA 22313-1450 c	respondence age as first on the date sh	is being fac plass mail i own below.	simile transmitted to the	BUSPTO sed to: C	or deposited ommissioner	with the United States Postel for Patents, P.O. Box 1450.			
Signature		5							
Typed or printed name	ed or printed name Timothy J. Sinnott					August 5, 2005			

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PTO/SB/17 (12-04)

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005						Complete if Known						
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					-	ing Date		07/07/2003				
					Fin	st Named Inve	entor	Duncan F. Campbell				
Applicant clai	ms small en	utity stat	us. See ?	37 CFR 1.27		aminer Name		Jennifer E. Novosad				
				·		Unit		3634				
TOTAL AMOUNT OF PAYMENT (\$) 60.00						orney Docket	No.	149-13				
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card										ard		
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